



Appeal Request Form

Date Appeal Submitted			
Name:			
Employer:			
Work Address:			
City/State/Zip:			
Unit (if applicable):		Work Telephone #:	
Work Email:		Employer POC:	
Employer POC Email:		Employer POC Phone #:	
REASON FOR APPEAL			
Date of appealable event:			
Examination Results		Certification maintenance and professional development units (PDUs)	
Candidate Registration/Eligibility		Certification disciplinary matters	
Test-Taking Protocols		Decisions related to alleged cheating, alleged violation of professional rules of conduct, or inaccurate information on the application form	
Explain the basis of the appeal. (Limit 1,000 words; continue writing on back of page if needed)			
Attach all pertinent documentation with the initial submission so your appeal can be properly reviewed. (Please indicate the type of documentation submitted – check all that apply)			
Score Report		Disciplinary Violation Report	
Medical Form		Alleged Cheating Defense	
Complaint Form		Other	
ACTION TAKEN (For IFPC PMO Only)			
Forward to the Certification Appeals Board			
Reject the appeal: Insufficient ground for appeal Missed deadline for appeals submission			
Return – Incomplete information in the appeals submission			
Comments:			
Reviewer:		Date:	